



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

Windsor Health Plan, Inc.

NAIC Group Code	01199	, 01199	NAIC Company Code	95792	Employer's ID Number	62-1531881
	(Current Period)	(Prior Period)				
Organized under the Laws of	Tennessee			State of Domicile or Port of Entry	Tennessee	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity [] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Other [] Is HMO, Federally Qualified? Yes [] No [X]					
Incorporated/Organized	05/14/1993		Commenced Business	01/01/1994		
Statutory Home Office	7100 Commerce Way Suite 285			Brentwood, TN, US 37027		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	7100 Commerce Way Suite 285					
	Brentwood, TN, US 37027			615-782-7800		
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	8735 Henderson Rd			Tampa, FL, US 33634		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	8735 Henderson Rd					
	(Street and Number)					
	Tampa, FL, US 33634			813-206-6200		
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number) (Extension)		
Internet Web Site Address	www.wellcare.com					
Statutory Statement Contact	Mike Wasik			813-206-2725		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	michael.wasik@wellcare.com			813-675-2899		
	(E-Mail Address)			(Fax Number)		

OFFICERS

Name	Title	Name	Title
Kenneth Alan Burdick #	President	Andrew Lynn Asher #	CFO and Treasurer
Maurice Sebastian Hebert	Asst Treasurer and Chief Accounting Officer	Blair Williams Todt #	Secretary and Senior Vice President

OTHER OFFICERS

George David Shafer	State President	Kelly Ann Munson #	Region President
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DIRECTORS OR TRUSTEES

Kenneth Alan Burdick #	Andrew Lynn Asher #	Blair Williams Todt #
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State ofFlorida.....
County ofHillsborough.....
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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices* and *Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Kenneth Alan Burdick President	Andrew Lynn Asher CFO and Treasurer	Maurice Sebastian Hebert Asst Treasurer and Chief Accounting Officer
Subscribed and sworn to before me this _____ day of _____, _____		
a. Is this an original filing? Yes [X] No []		
b. If no:		
1. State the amendment number _____		
2. Date filed _____		
3. Number of pages attached _____		

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

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EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1	2	3	4	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	On Amounts Accrued Prior to January 1 of Current Year	On Claims Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	19,230,654	27,670,783		21,551,622	19,230,654	20,307,465
2. Claim overpayment receivables .....					.0	
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables	115,659				115,659	115,659
7. Totals (Lines 1 through 6)	19,346,313	27,670,783	0	21,551,622	19,346,313	20,423,124

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	3,281,088	0.8	96,902	100.0		3,281,088
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	3,281,088	0.8	96,902	100.0	0	3,281,088
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	413,272,172	99.2	XXX	XXX		413,272,172
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	413,272,172	99.2	XXX	XXX	0	413,272,172
13. Total (Line 4 plus Line 12)	416,553,260	100 %	XXX	XXX	0	416,553,260

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1	2	3	4	5	6
	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Windsor Health Plan, Inc.		2. _____		(LOCATION)				
NAIC Group Code	01199	BUSINESS IN THE STATE OF Alabama			DURING THE YEAR 2014			NAIC Company Code 95792		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		11,961						435		11,526
2. First Quarter		11,646								11,646
3. Second Quarter		11,218								11,218
4. Third Quarter		10,982								10,982
5. Current Year		10,746								10,746
6. Current Year Member Months		134,883								134,883
Total Member Ambulatory Encounters for Year:										
7. Physician		0								
8. Non-Physician		0								
9. Total		0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0								
11. Number of Inpatient Admissions		0								
12. Health Premiums Written (b).....		11,549,231								11,549,231
13. Life Premiums Direct		0								
14. Property/Casualty Premiums Written		0								
15. Health Premiums Earned		11,549,231								11,549,231
16. Property/Casualty Premiums Earned		0								
17. Amount Paid for Provision of Health Care Services		10,708,594								10,708,594
18. Amount Incurred for Provision of Health Care Services		10,349,979								10,349,979

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$11,549,231



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Windsor Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Arkansas		DURING THE YEAR 2014				NAIC Company Code 95792		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	18,205							13,312		4,893
2. First Quarter	15,442							8,878		6,564
3. Second Quarter	15,224							8,758		6,466
4. Third Quarter	15,514							9,021		6,493
5. Current Year	15,631							9,220		6,411
6. Current Year Member Months	185,378							107,404		77,974
Total Member Ambulatory Encounters for Year:										
7. Physician	109,952							109,952		
8. Non-Physician	36,547							36,547		
9. Total	146,499	0	0	0	0	0	0	146,499	0	0
10. Hospital Patient Days Incurred	22,399							22,399		
11. Number of Inpatient Admissions	3,380							3,380		
12. Health Premiums Written (b).....	96,645,945							90,462,169		6,183,776
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	96,645,945							90,462,169		6,183,776
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	83,213,712							77,838,901		5,374,811
18. Amount Incurred for Provision of Health Care Services	81,499,843							76,305,027		5,194,816

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$96,645,945



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Windsor Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Idaho		DURING THE YEAR 2014				NAIC Company Code		95792
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	86							85		1
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Windsor Health Plan, Inc.				2. _____				
NAIC Group Code	01199	BUSINESS IN THE STATE OF Mississippi			DURING THE YEAR 2014			(LOCATION)		
								NAIC Company Code		95792
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	33,648							20,375		13,273
2. First Quarter	31,600							17,446		14,154
3. Second Quarter	30,607							16,742		13,865
4. Third Quarter	30,571							16,835		13,736
5. Current Year	30,545							17,067		13,478
6. Current Year Member Months	370,515							203,957		166,558
Total Member Ambulatory Encounters for Year:										
7. Physician	209,290							209,290		
8. Non-Physician	69,566							69,566		
9. Total	278,856	0	0	0	0	0	0	278,856	0	0
10. Hospital Patient Days Incurred	42,895							42,895		
11. Number of Inpatient Admissions	6,018							6,018		
12. Health Premiums Written (b).....	199,640,972							185,606,675		14,034,297
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	199,640,972							185,606,675		14,034,297
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	173,652,447							159,706,760		13,945,687
18. Amount Incurred for Provision of Health Care Services	170,038,282							156,559,617		13,478,665

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$199,640,972

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Windsor Health Plan, Inc. 2. (LOCATION)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
		Individual	Group							
	Total			Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									0
2 First Quarter	4,307									4,307
3 Second Quarter	4,411									4,411
4. Third Quarter	4,710									4,710
5. Current Year	4,826									4,826
6 Current Year Member Months	53,602									53,602
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	5,443,867									5,443,867
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	5,443,867									5,443,867
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	5,989,294									5,989,294
18. Amount Incurred for Provision of Health Care Services	5,788,720									5,788,720

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 5,443,867



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Windsor Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Montana		DURING THE YEAR 2014				NAIC Company Code		95792
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	122							119		3
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Windsor Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Oklahoma		DURING THE YEAR 2014				NAIC Company Code		95792
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Windsor Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2014				NAIC Company Code 95792		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	16,141							7,830		8,311
2 First Quarter	11,338							3,042		8,296
3 Second Quarter	10,736							2,886		7,850
4. Third Quarter	10,419							2,815		7,604
5. Current Year	10,112							2,729		7,383
6 Current Year Member Months	129,286							34,758		94,528
Total Member Ambulatory Encounters for Year:										
7. Physician	35,868							35,868		
8. Non-Physician	11,922							11,922		
9. Total	47,790	0	0	0	0	0	0	47,790	0	0
10. Hospital Patient Days Incurred	7,024							7,024		
11. Number of Inpatient Admissions	863							863		
12. Health Premiums Written (b).....	38,737,316							29,370,175		9,367,141
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	38,737,316							29,370,175		9,367,141
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	34,113,637							25,271,804		8,841,833
18. Amount Incurred for Provision of Health Care Services	33,319,536							24,773,804		8,545,732

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$38,737,316



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Windsor Health Plan, Inc.

2.

NAIC Group Code	01199	BUSINESS IN THE STATE OF Tennessee				DURING THE YEAR 2014				(LOCATION)		NAIC Company Code	95792
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
			2	3									
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:													
1. Prior Year		33,320							15,422		17,898		
2. First Quarter		22,783							8,909		13,874		
3. Second Quarter		21,534							8,505		13,029		
4. Third Quarter		20,780							8,267		12,513		
5. Current Year		20,229							8,172		12,057		
6. Current Year Member Months		259,359							102,665		156,694		
Total Member Ambulatory Encounters for Year:													
7. Physician		105,818							105,818				
8. Non-Physician		35,173							35,173				
9. Total		140,991	0	0	0	0	0	0	140,991	0	0		
10. Hospital Patient Days Incurred		29,376							29,376				
11. Number of Inpatient Admissions		3,747							3,747				
12. Health Premiums Written (b).....		118,639,010							104,405,490		14,233,520		
13. Life Premiums Direct.....		0											
14. Property/Casualty Premiums Written.....		0											
15. Health Premiums Earned.....		118,639,010							104,405,490		14,233,520		
16. Property/Casualty Premiums Earned.....		0											
17. Amount Paid for Provision of Health Care Services		103,034,046							89,836,546		13,197,500		
18. Amount Incurred for Provision of Health Care Services		100,821,782							88,066,248		12,755,534		

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$118,639,010



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Windsor Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Virginia		DURING THE YEAR 2014				NAIC Company Code		95792
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4,934							33		4,901
2. First Quarter	5,471									5,471
3. Second Quarter	5,462									5,462
4. Third Quarter	5,040									5,040
5. Current Year	4,813									4,813
6. Current Year Member Months	62,500									62,500
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	5,590,231									5,590,231
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	5,590,231									5,590,231
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	5,841,530									5,841,530
18. Amount Incurred for Provision of Health Care Services	5,645,906									5,645,906

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 5,590,231



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Windsor Health Plan, Inc.

2. _____

NAIC Group Code		01199		BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2014					(LOCATION)		NAIC Company Code		95792	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10						
		2	3													
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other						
Total Members at end of:																
1. Prior Year	118,417	0	0	0	0	0	0	57,611	0	60,806						
2. First Quarter	102,587	0	0	0	0	0	0	38,275	0	64,312						
3. Second Quarter	99,192	0	0	0	0	0	0	36,891	0	62,301						
4. Third Quarter	98,016	0	0	0	0	0	0	36,938	0	61,078						
5. Current Year	96,902	0	0	0	0	0	0	37,188	0	59,714						
6. Current Year Member Months	1,195,523	0	0	0	0	0	0	448,784	0	746,739						
Total Member Ambulatory Encounters for Year:																
7. Physician	460,928	0	0	0	0	0	0	460,928	0	0						
8. Non-Physician	153,208	0	0	0	0	0	0	153,208	0	0						
9. Total	614,136	0	0	0	0	0	0	614,136	0	0						
10. Hospital Patient Days Incurred	101,694	0	0	0	0	0	0	101,694	0	0						
11. Number of Inpatient Admissions	14,008	0	0	0	0	0	0	14,008	0	0						
12. Health Premiums Written (b).....	476,246,572	0	0	0	0	0	0	409,844,509	0	66,402,063						
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0						
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0						
15. Health Premiums Earned.....	476,246,572	0	0	0	0	0	0	409,844,509	0	66,402,063						
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0						
17. Amount Paid for Provision of Health Care Services	416,553,260	0	0	0	0	0	0	352,654,011	0	63,899,249						
18. Amount Incurred for Provision of Health Care Services	407,464,048	0	0	0	0	0	0	345,704,696	0	61,759,352						

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$476,246,572

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	765	185,521
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	2,661	29,939
5. Total hospital and medical expenses.....		0	0	1,981	150,017
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	0	0	17,874
8. Reinsurance recoverable on paid losses.....	0	0	0	0	68,577
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	XXX	XXX
18. Funds deposited by and withheld from (F).....	0	0	0	XXX	XXX
19. Letters of credit (L).....	0	0	0	XXX	XXX
20. Trust agreements (T).....	0	0	0	XXX	XXX
21. Other (O).....	0	0	0	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	109,626,678		109,626,678
2. Accident and health premiums due and unpaid (Line 15).....	31,570,711		31,570,711
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	74,994,819		74,994,819
6. Total assets (Line 28)	216,192,208	0	216,192,208
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	69,316,038	0	69,316,038
8. Accrued medical incentive pool and bonus payments (Line 2).....	240,000		240,000
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	9,201,702		9,201,702
15. Total liabilities (Line 24).....	78,757,740	0	78,757,740
16. Total capital and surplus (Line 33).....	137,434,468	XXX	137,434,468
17. Total liabilities, capital and surplus (Line 34)	216,192,208	0	216,192,208
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL .....						.0
2. Alaska	AK .....						.0
3. Arizona	AZ .....						.0
4. Arkansas	AR .....						.0
5. California	CA .....						.0
6. Colorado	CO .....						.0
7. Connecticut	CT .....						.0
8. Delaware	DE .....						.0
9. District of Columbia	DC .....						.0
10. Florida	FL .....						.0
11. Georgia	GA .....						.0
12. Hawaii	HI .....						.0
13. Idaho	ID .....						.0
14. Illinois	IL .....						.0
15. Indiana	IN .....						.0
16. Iowa	IA .....						.0
17. Kansas	KS .....						.0
18. Kentucky	KY .....						.0
19. Louisiana	LA .....						.0
20. Maine	ME .....						.0
21. Maryland	MD .....						.0
22. Massachusetts	MA .....						.0
23. Michigan	MI .....						.0
24. Minnesota	MN .....						.0
25. Mississippi	MS .....						.0
26. Missouri	MO .....						.0
27. Montana	MT .....						.0
28. Nebraska	NE .....						.0
29. Nevada	NV .....						.0
30. New Hampshire	NH .....						.0
31. New Jersey	NJ .....						.0
32. New Mexico	NM .....						.0
33. New York	NY .....						.0
34. North Carolina	NC .....						.0
35. North Dakota	ND .....						.0
36. Ohio	OH .....						.0
37. Oklahoma	OK .....						.0
38. Oregon	OR .....						.0
39. Pennsylvania	PA .....						.0
40. Rhode Island	RI .....						.0
41. South Carolina	SC .....						.0
42. South Dakota	SD .....						.0
43. Tennessee	TN .....						.0
44. Texas	TX .....						.0
45. Utah	UT .....						.0
46. Vermont	VT .....						.0
47. Virginia	VA .....						.0
48. Washington	WA .....						.0
49. West Virginia	WV .....						.0
50. Wisconsin	WI .....						.0
51. Wyoming	WY .....						.0
52. American Samoa	AS .....						.0
53. Guam	GU .....						.0
54. Puerto Rico	PR .....						.0
55. US Virgin Islands	VI .....						.0
56. Northern Mariana Islands	MP .....						.0
57. Canada	CAN .....						.0
58. Aggregate Other Alien	OT .....						.0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01199.....	WellCare Health Plans Inc.....	95310.....	14-1647239.....				WellCare of Connecticut Inc.....	CT.....	IA.....	WellCare of New York, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	95081.....	59-2583622.....				WellCare of Florida Inc.....	FL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	59-3547616.....				Comprehensive Health Management Inc.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	14-1647239.....				The WellCare Management Group, Inc.....	NY.....	UIP.....	WCG Health Management, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	95534.....	14-1676443.....				WellCare of New York Inc.....	NY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	20-3320236.....				Harmony Behavioral Health Inc.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	11229.....	36-4050495.....				Harmony Health Plan of Illinois Inc.....	IL.....	IA.....	Harmony Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	12194.....	90-0247713.....				WellCare of Louisiana Inc.....	LA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	22-3391045.....				Harmony Health Systems Inc.....	IL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	36-4467676.....				Harmony Health Management Inc.....	IL.....	NIA.....	Harmony Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	47-0937650.....		0001279363	NYSE	WellCare Health Plans Inc.....	FL.....	UIP.....	Shareholders.....		0.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	04-3669698.....				WCG Health Management Inc.....	FL.....	UIP.....	WellCare Health Plans, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	10760.....	20-2103320.....				WellCare of Georgia Inc.....	GA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	98-0448921.....				Comprehensive Reinsurance Ltd.....	CYM.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	10155.....	20-2383134.....				WellCare Prescription Insurance Inc.....	FL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	12749.....	20-3562146.....				WellCare of Ohio Inc.....	OH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	20-3262322.....				Harmony Behavioral Health IPA Inc.....	NY.....	NIA.....	Harmony Behavioral Health, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	20-4869374.....				WellCare Pharmacy Benefits Management In.....	DE.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	83445.....	86-0269558.....				WellCare Health Insurance of Arizona Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	64467.....	36-6069295.....				WellCare Health Insurance Company of Kentucky Inc.....	KY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	12956.....	11-3197523.....				WellCare Health Insurance of New York Inc.....	NY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	13020.....	20-8017319.....				WellCare Health Plans of New Jersey Inc.....	NJ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	12964.....	20-8058761.....				WellCare of Texas Inc.....	TX.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	20-8420512.....				Exactus Pharmacy Solutions, Inc.....	DE.....	NIA.....	WellCare Pharmacy Benefits Management.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01199.....	WellCare Health Plans Inc.....	00000.....	27-0386122.....				Ohana Health Plans, Inc.....	..HI.....	..IA.....	The WellCare Management Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	27-4293249.....				WellCare Health Plans of California, Inc.....	..CA.....	..IA.....	The WellCare Management Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	14404.....	45-3617189.....				WellCare of Kansas, Inc.....	..KS.....	..IA.....	The WellCare Management Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	45-5154364.....				WellCare Health Plans of Tennessee, Inc.....	..TN.....	..IA.....	The WellCare Management Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	45-3236788.....				America's 1st Choice California Holdings, LLC.....	..FL.....	..NIA.....	The WellCare Management Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	20-5327501.....				Easy Choice Health Plan, Inc.....	..CA.....	..IA.....	America's 1st Choice California Holdings, LLC.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	11775.....	32-0062883.....				WellCare of South Carolina, Inc.....	..SC.....	..IA.....	The WellCare Management Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	46-2078909.....				WellCare of Nevada, Inc.....	..NV.....	..IA.....	The WellCare Management Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	12913.....	20-5862801.....				Missouri Care, Incorporated.....	..MO.....	..IA.....	The WellCare Management Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	27-4212954.....				The WellCare Community Foundation.....	..DE.....	..NIA.....	WellCare Health Plans, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	62-1832645.....				Windsor Health Group, Inc.....	..TN.....	..UDP.....	The WellCare Management Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	62-1530448.....				Windsor Management Services, Inc.....	..TN.....	..NIA.....	Windsor Health Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	95792.....	62-1531881.....				Windsor Health Plans, Inc.....	..TN.....	..IA.....	Windsor Health Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	77399.....	13-1867829.....				Sterling Life Insurance Company.....	..IL.....	..IA.....	Windsor Health Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	91-1500758.....				Olympic Health Management Systems, Inc.....	..WA.....	..NIA.....	Sterling Life Insurance Company.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	91-1599329.....				Olympic Health Management Services, Inc.....	..WA.....	..NIA.....	Sterling Life Insurance Company.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	15510.....	47-0971481.....				WellCare Health Plans of Kentucky, Inc.....	..KY.....	..IA.....	The WellCare Management Group, Inc.....	Ownership.....100.0	WellCare Health Plans, Inc.....0

Asterisk	Explanation
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2.	Will an actuarial opinion be filed by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	.....YES.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....YES.....
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....YES.....
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....YES.....
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....YES.....

Explanation:

11. Business not written.
12. Business not written.
13. Business not written.
14. Not required.
15. Business not written.
16. Business not written.
18. No waiver required.
19. No waiver required.
20. No waiver required.
21. Business not written.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22. Business not written.

23. Business not written.

Bar code:

11. 9 5 7 9 2 2 0 1 4 3 6 0 5 9 0 0 0

12. 9 5 7 9 2 2 0 1 4 2 0 5 0 0 0 0 0

13. 9 5 7 9 2 2 0 1 4 2 0 7 0 0 0 0 0

15. 9 5 7 9 2 2 0 1 4 3 7 1 0 0 0 0 0

16. 9 5 7 9 2 2 0 1 4 3 7 0 0 0 0 0 0

21. 9 5 7 9 2 2 0 1 4 3 0 6 0 0 0 0 0

22. 9 5 7 9 2 2 0 1 4 2 1 1 5 9 0 0 0

23. 9 5 7 9 2 2 0 1 4 2 1 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.
MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)
(To Be Filed By March 1)

NAIC Group Code

01199

NAIC Company Code

95792

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....		XXX		XXX	.0
1.12 Without Reinsurance Coverage.....	65,835,115	XXX		XXX	65,835,115
1.13 Risk-Corridor Payment Adjustments.....	615,491	XXX		XXX	615,491
1.2 Supplemental Benefits.....		XXX		XXX	.0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage.....	270,707	XXX		XXX	XXX
2.2 Supplemental Benefits.....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	(319,250)	XXX		XXX	XXX
4.2 Payable.....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....		XXX		XXX	XXX
5.12 Without Reinsurance Coverage.....	66,105,822	XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	296,241	XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums.....	66,402,063	XXX	0	XXX	66,450,606
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....		XXX		XXX	.0
7.12 Without Reinsurance Coverage.....	63,899,249	XXX		XXX	63,899,249
7.2 Supplemental Benefits.....		XXX		XXX	.0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage.....	2,927,631	XXX		XXX	XXX
8.2 Supplemental Benefits.....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....	5,067,528	XXX		XXX	XXX
9.2 Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage.....	61,759,352	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	0	XXX	0	XXX	XXX
11. Total Claims	61,759,352	XXX	0	XXX	63,899,249
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied.....	XXX		XXX		.0
12.2 Reimbursements Received but Not Applied-change.....	XXX		XXX		.0
12.3 Reimbursements Receivable-change.....	XXX		XXX		XXX
12.4 Health Care Receivables-change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change.....					XXX
14. Expenses Paid.....	4,328,318	XXX		XXX	4,328,318
15. Expenses Incurred.....	4,328,318	XXX		XXX	XXX
16. Underwriting Gain/Loss.....	314,393	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(1,776,961)

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